

**Governor's Office of Emergency Services
Disaster Resistant University Grant Program
Award # 2004-0422**

Reimbursement Request Form

Mail Reimbursement Request to:

Applicant: _____

Governor's Office of Emergency Services
Grant Payments Unit
3650 Schriever Avenue
Mather, California 95655

OES ID# _____

Please mark this box to indicate a change in
the Authorized Agent's Mailing Address
below ☐

Type of Expenditures	Expenditures to date	Reimbursement Request for the period of _____ to _____
	\$	\$
	\$	\$
	\$	\$
Total	\$	\$

Under penalty of perjury, I certify that:

- I am the duly authorized officer of the claimant herein
- This claim is in all respects true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances
- This claim is for costs incurred within the Grant Performance Period

Authorized Agent (Per Governing Body Resolution)

Printed Name

Phone No.

Title

E-Mail Address

Mailing Address

Fax No.

City, State, Zip Code

Signature

Date

October 21, 2005

**Instruction Sheet for Reimbursement Request –
Governor’s Office of Emergency Services –Disaster Resistant University Grant Program**

Award #	The award # can be found on the application for assistance
Applicant	The applicant is the entity, as identified in the original grant application. Do not identify any sub-departments or offices as the applicant
OES ID #	This is the applicant’s identification number as identified on the notification of application approval
Address Changes	Indicate a change in address by checking the box shown and noting the new address in the area marked “mailing address”
Type of Expenditures	The type of expenditures and approved funding amounts are identified on the Application for Assistance
Expenditures To Date	Identify total grant expenditures incurred to date for each type of expenditure
Reimbursement Request for the Period of:	<p>The applicant may request reimbursement of all, or a portion of, <i>Grant Expenditures incurred since the last Reimbursement Request</i>. Indicate the month and year for the beginning of the period covered to the end of the period covered during which these expenditures were incurred. <i>This is not the Project/Budget Period listed on the subgrant</i></p> <p><i>This request period cannot cross state fiscal years. Therefore, separate requests Must be submitted for expenditures incurred on or before June 30, and on or after July 1</i></p>
Authorized Agent Information	Complete all line items requested and ensure that the form is signed by an Authorized Agent named in the Governing Body Resolution
Mail	Mail the original to the address identified at the top of the request form
Supporting Documents	Supporting documents are not required to be submitted with the Reimbursement Request; however, Office of Emergency Services and the Department of Homeland Security reserves the right to request documentation at any time. Applicants are reminded to maintain documents that support the expenditures and reimbursement amounts shown on the request